

JAN. 8. 2007 8:27PM

PABST PATENT GROUP

NO. 9502 P. 1

**PABST PATENT GROUP** 

Pabst Patent Group LLP  
400 Colony Square, Suite 1200  
1201 Peachtree Street  
Atlanta, GA 30361

Telephone (404) 879-2150  
Telefax (404) 879-2160

information@pabstpatent.com  
www.pabstpatent.com

## TELEFAX

**Date:** January 8, 2007 **Total pages:** Including cover *Two installments 34*  
**To:** U.S. Receiving Office **Telephone:** **Telefax:** 571-273-3201  
**From:** Patrea Pabst **Telephone:** 404-879-2151 **Telefax:** 404-879-2160  
**Our Docket No.** CSI 130 **Client/Matter No.** 077044-00010  
**Your Docket No.**

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### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Appellants:** Donald L. Wise, Debra J. Trantolo, David D. Hile, and Stephen A. Doherty

**Serial No.:** 10/613,975 **Art Unit:** 1645

**Filed:** July 3, 2003 **Examiner:** Khatol Shahnan-Shah

**For:** *VACCINES TO INDUCE MUCOSAL IMMUNITY*

#### Attachments:

Transmittal Form PTO/SB/21;  
Fee Transmittal Form PTO/SB/17;  
Appeal Brief; and  
Ten (10) References

**BEST AVAILABLE COPY**

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ ) 0.00**Complete if Known**

Application Number	10/613,975
Filing Date	July 3, 2003
First Named Inventor	Donald L. Wise
Examiner Name	Khatol Shahnan-Shah
Art Unit	1645
Attorney Docket No.	CSI 130

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **50-3129** Deposit Account Name: **Pabst Patent Group LLP**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 21 or HP = 0 x      =      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** - 3 or HP = 0 x      =      **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Appeal Brief

**Fees Paid (\$)****\$0.00****SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 31,284	Telephone (404) 879-2151
Name (Print/Type) Patrea L. Pabst		Date January 8, 2007

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NO. 9502 P. 3

PTO/SB/21 (09-04)

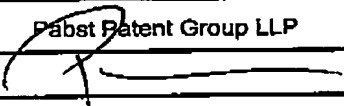
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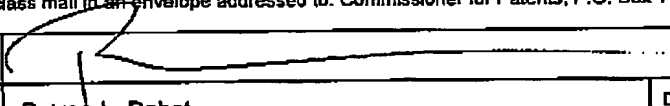
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/613,974
	Filing Date	July 3, 2003
	First Named Inventor	Donald L. Wise
	Art Unit	1645
	Examiner Name	Khatol Shahnan-Shah
Total Number of Pages in This Submission	Attorney Docket Number	CSI 130

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Appeal Brief; Ten (10) references
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Printed name	Patrea L. Pabst		
Date	January 8, 2007	Reg. No.	31,284

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